

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA /  
Identification Number  
445234

(Y2) Multiple Construction  
A. Building  
B. Wing

(Y3) Date of Revisit  
4/4/2012

Name of Facility

GLEN OAKS HEALTH AND REHABILITATION

Street Address, City, State, Zip Code

1101 GLEN OAKS ROAD  
SHELBYVILLE, TN 37160

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix F0279	04/04/2012	ID Prefix		ID Prefix	
Reg. # 483.20(d), 483.20(k)(1)		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By  
State Agency  
Reviewed By  
CMS RO

Reviewed By  
*JP*  
Reviewed By

Date:  
4/10/12  
Date:

Signature of Surveyor:  
*Paula Tipton PHU*  
Signature of Surveyor:

Date:  
4/4/12  
Date:

Followup to Survey Completed on:  
3/20/2012

Check for any Uncorrected Deficiencies. Was a Summary of  
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO